PTD:SB03 (12.04)
Approved for use Bribugh 7/31/2003, C0/20 (651-0002)
U.S. Potoni and Tredomark Color, U.S. DEPARTMENT OF COLORERCE

۲٠.	PA	tent appi	LCATIC Subd	ON RECORD Begive December		09	827 2	Appropriate S		
APPLICATION AS FILED - PART ( (Column 1) (Column 2)						SMALL	small entity		OTHER THAN SMALL ENTITY	
L	FOR	MU	WBER FLE	NUM	BER EXTRA	RATE (S)	FEE (6)		RATE (8)	FEE (5)
	SIC FEE CFR 1 1850, DL 0	(c)	'N/A		NA	N/A	150.00	1	· WA	300.00
	ARCH FEE	(mis)	NA		NA	N/A	8250	7	NEA	8500
	AMPATION FE		NA .		NAA	- 14/A	\$100 .	1	NZA	8200
	TAL CLARAS OFR 1 1880)	· · · · ·	, min/e	20 -		X8 25 .		OR.	X850	; (m)
	DEPENDENT CL		manus			X100 .	1.	1.	X200 °	400
FE	PUCATION SIZE E CFR 1 IQUI	sheats is \$250 addition	If the specification and drawings or sheats of paper, the application siz is \$250 (3125 for small entity) for e additional \$0 sheets or fraction that 35 U.S.C. 41(a)(1)(G) and 37 CFR							
MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1, 16(3)						+180=		1	+360°	
-	the difference in	column 1 le lpsis (	usn zero, e	nter "O" in ciolumn	TOTAL			TOTAL	1700	
9	23/0	APPLICATION AS AMENDED –  23/05 (Columb 1) (			(Column 3)	SMALL (RATE (S)	ENTITY ADDI-	OR	OTHER SMALL RATE (3)	
AMENDMENT'A		AFTER AMENDMENT	ENT	PRÉVIOUSLY PAID FOR	EXTRA	,	TICHAL FEE (6)		MIE(S)	TICHAL FEE (8)
	arcra Luga	27	Maus	3.5	•	XS 25 .		OR ·	X\$50 .	
	Independing 437 CFR LHOUP.	3	Minus	- 4	-	X100 .	•	OR	X200 _	
	Application Size Fee (37 CFR 1,16(s))									
[ ز	FIRST PRESENTATION OF JULTIPLE DEPENDENT CLAIM (ST CFR 1.160)				R (.160)	+180=		OR	+360=	
 /	1/.105					ADDL FEE.		OR	TOTAL ADO'L FEE	
-4	1/21/	(Column 1)		(Cotumn 2)	(Column 3)		<del></del>	· ·		
EMTB	1.	REMARING AFTER AMENOMENT	1.	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (1):	ADOI- TIONAL FEE (5)		RATE (8)	ADOI- TIONAL FEE (8)
뙭	COTOTA LINEDS	··27	Minus	35.		X\$.25 .		OR.	X\$50 -	
	fodegendest GPCPR L 14000	<u>      3.                              </u>	· Minos	- 4	•	X100 .		OR	X200 .	
₹I	Application Size Fee (37 CFR 1.16(s))						$\mathcal{L}$			
PRET PRESENTATION OF MATIPLE DEPENDENT CLAM (ST CFR 1.100)					+180=		OR	+360=		
:	• • • • • • • • • • • • • • • • • • •					TOTAL ADDLFEE		OR	TOTAL ADOIL FEE	
* If the entry is column 1 is toss than the entry in column 2; write 10" in column 3.  "If the "Highest Number Providently Paid For" IN T183 SPACE is toss (bun 20, enter "20".										

The Pighed Number Previously Paid For III THIS SPACE is less than 3, enter 3.

The Pighed Number Previously Paid For (Total or independent) is the highest number found in the appropriate box in column 1.

This reflection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to tile (and by the USPTO to proceed an application, Confidentially is governed by \$5.U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 ninutes to complete, burning patheting, propering, and submitting the completed application form to the USPTO. Thris will vary depending upon the individual case. Any commission in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Peters and Technical Color, U.S. Deportment of Coruments. P.O. Box 1450, Alexandria, VA 22313-1450. ON NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.